

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002443

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 24

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6595

6590

3

4 1

5 1

6

7 0

8 2

94201

10

11

1286-2

1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 4 1963

1. PLACE OF DEATH

a. COUNTY Livingston

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Chillicothe

Length of stay in 1b
5 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Sunset Nursing Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston

c. CITY OR TOWN Blue Mound Township

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
10 miles SE Chillicothe

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
ARMINA BELL WHITACRE

4. DATE OF DEATH
Month Day Year
January 25, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8-10-1879

9. AGE (last birthday)
84

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Chillicothe, Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Henry Anderson

13b. MOTHER'S MAIDEN NAME

Mariea Postalwaite

14. NAME OF HUSBAND OR WIFE

Tom Whitacre

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

R R #1-Hale, Missouri

Tom Whitacre; Chillicothe, Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:

DUE TO (b)

Coronary atherosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
G.B. disease, pyelonephritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT - SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1954 to Jan 25 1963 and last saw her alive on Jan 24
Death occurred at 6:13 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

T.L. Mulazzo

D.O.

22b. ADDRESS

Chillicothe Mo

22c. DATE SIGNED

1-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
1-29-63

23c. NAME OF CEMETERY OR CREMATORY

Blue Mound

23d. LOCATION (City, town, or county)

Chillicothe, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Norman Funeral Home; Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG.

Jan 26 1963

26. REGISTRAR'S SIGNATURE

Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Elton Norman

Licensed Embalmer No.

4036

P. O. Address

Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.